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WEST'S LECTURES ON DISEASES OF WOMEN, SIXTEEN PAGES.

CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Excision of the Hip joint.—On the 27th of June Mr. BOWMAN, at King's College, excised the hip of a child five years old, but the subject of disease of the joint for two years. The disease had run its course, and the joint was almost ankylosed by firm tissues, but fixed at right angles to the trunk; sinusses also were present behind the joint, discharging considerably. It appeared to be a case eminently favourable for removal of the diseased bone. This was accomplished under chloroform, when the head of the bone was found to be almost entirely gone, partly from absorption and partly lying in detached pieces in the cavity of the acetabulum—a feature of some interest. These loose fragments were removed, and the acetabulum scraped. The horizontal ramus was found to be bare of periosteum, and the great femoral vessels

were distinctly felt during the operation. Mr. Bowman remarked that the head of the bone had not been dislocated here, but the limb had got in a bad position, and that there was a chance of the child's recovery, although the disease of the pelvis was extensive. Bone, however, may be bare, and not in a state of necrosis. This child was placed in a Heath's sawing for supporting the entire body, and is going on well. We hope to revert to this and Mr. Hancock's case again.

On the 7th of July the head of the femur was excised by Mr. Holt, at the Westminster Hospital, from a child six years old, who had been in the hospital for six months, with swelling of the joint, abscesses, fistule, &c., discharging up to the present time. The head of the bone could be felt through one of these openings. It was presumed there was no perforation of the pelvic bones, but in the course of the operation the acetabulum was found much diseased and not

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perforated. Excision was performed by one incision in the line of the femur, and another running backwards from it, the head of the bone being sawn off with a butcher's saw. The acetabulum was carefully freed from disease by the gouge. The little patient has been going on well since the operation.—*Lancet*, July 25, 1857.

Resection of the Elbow in three Cases.—

There were two cases at University College Hospital of disease of the elbow-joint which were submitted to excision by Mr. Erichsen on the 8th of July, one in a girl, the other in a middle-aged man. The girl was ten years old, and her left elbow had been diseased for the last eight months. Fistulous openings were present on the outer side of the joint, which were freely suppurating, and associated with swelling. The shape of the swollen elbow, together with its general appearance, gave the true characteristic form of elbow-joint disease. A longitudinal incision was made at the back of the joint, with a short transverse one running at right angles to this, towards the outer side, and with a butcher's saw excision of the ends of the bones was accomplished, all being diseased, the head of the radius but slightly so. There was a quantity of plastic material about the joint, which had all the appearance of strumous degeneration. The elbow of the man was not so much swollen as that of the girl; it had been diseased nearly three years, bare bone could be felt through fistulous openings, and there was no doubt whatever that the joint was implicated. For the last two or three months he had suffered much from it; there was a good deal of mobility, but no grating about the joint, and it often happens, as every practical surgeon knows, that there is more disease present than the external appearances would lead one to suppose. The left arm was also implicated in this instance. The same incisions were made as in the previous case, and excision accomplished with the use of the same saw. All the articular structures were diseased, and most of them in a state of pulpy degeneration.

We have seen this operation practised a great many times lately; every patient appears to be doing well. On the 7th of July, the day before the above operations were performed, Mr. Hillman, at the Westminster Hospital, excised the elbow of a boy three

years and a half old, which had been diseased for nine months, with caries of the bones, thickening and infiltration of the soft parts, and fistulous openings. Excision was effected by means of a single longitudinal incision, and the diseased ends of the bones sawn off, the wound being then closed with interrupted sutures. This child is doing very well.—*Lancet*, July 25, 1857.

Anchylosed Knee; Excision of the Joint in a single wedge-shaped Piece of Bone.—

The explanation of this is at once afforded when we state that the joint was firmly anchylosed by bony union, and, to a certain extent, flexed, in a girl whose knee had been diseased for the last ten years, the disease beginning in the bones, proceeding slowly, and likely ultimately to destroy the patient. She had been a great sufferer, ankylosis had ensued, but she was convinced the disease was not cured, and came up to town to see Mr. Fergusson, stating that amputation had been advised, but her wish was to have the joint excised. He thought it a proper case for that operation, and performed it on the 18th of July. He remarked, that a patient had a better chance of life by the operation of excising the disease of the knee-joint than by amputation, an opinion, he said, which other surgeons had come to besides himself. Ample experience had now proved (in upwards of 100 cases) that death was not so likely to happen.

The operation here differed from that we had been in the habit of seeing. Most generally there is no ankylosis; but as the joint was firmly anchylosed here, a thick, wedge-shaped piece of bone was removed in the same manner as that recommended by Dr. Rhea Barton, of the United States, in joints in this condition. The wedge here comprised the fused bones entering into the articulation, and permitted of the most perfect apposition of the cut surfaces. If the knee had been perfectly sound, this operation would have been perfectly justifiable according to the views of Dr. Barton; but as it was diseased also, it was rendered the more so. We hope this case will do equally as well as the others.—*Lancet*, July 25, 1857.

Excision of the Knee in a very young Patient.—This was upon a little boy aged four years and eight months, in the West-

minster Hospital, whose knee had been injured in Scotland while travelling with his mother, which injury was followed by inflammation and abscesses in various places around the joint, with subsequent fistulous openings. Mr. Holt looked upon excision of the joint here as the only course likely to prove of service, and performed the operation on the 30th of June, saving the patella in the anterior flap. A slice was taken off the lower end of the femur, which, when detached, permitted a piece of necrosed bone to drop out of a cavity in the outer condyle, which, curiously enough, had formed a sequestrum in that situation, similar to two or three instances which we have recorded on previous occasions. The cavity was, however, well gouged out; a slice of the tibia was removed, as well as much diseased, soft material, and the leg was put up in a Price's splint. Since the operation the little fellow has gone on without a single bad symptom, and no doubt a most excellent cure will be accomplished. Mr. Holt's previous case of excision in a woman (page 10 of the present volume), performed the week before, is likewise progressing most favourably.

In regard to the age of this child, we may remark, that it is the earliest but one in which this operation has been attempted in any of the London Hospitals, although Mr. Butcher, of Dublin, in his memoir on *Re-sections of the Knee joint*, mentions cases in which it has been performed at four and a half, five, six, and seven years. The earliest age was four years, and that was a case in which Mr. Fergusson performed resection of the knee on a boy on the 16th of December, 1854. The condition of one of the condyles in Mr. Holt's little patient we hope will not interfere with the curative process.—*Lancet*, July 25, 1857.

Uterine Polypi attached at both Ends.—A single woman, aged 43, presented herself in Dr. West's out-patient's room at St. Bartholomew's, the other day, complaining of having suffered repeated floodings. The first had occurred about two years ago, and since then it had been repeated every five or six months. On examination the os uteri was found open and its lips thinned. The tip of the fore finger was easily admitted into the cervix, and just within were felt some hard knotted masses, about the size of hazel-nuts, firmly attached to its

sides. They were not pendulous, and appeared to be fixed at each end, although bulging in the middle. The body of the organ appeared to be considerably enlarged, and was not improbably occupied by other polypoid growths. Dr. West remarked that the case illustrated a very troublesome form of the mucous polypus, that, namely, in which small outgrowths from the mucous membrane of the cervix take place, and instead of becoming pedunculated, retain their attachment, both above and below, much in the same way as do the carneo columns in the heart. He was in doubt as to what was the best mode of treating such cases; they often gave much trouble from bleeding, and were not accessible, like others, either to the ligature or the scissors. He thought that the only way was to wait until they became protruded and acquired pedicles, and then to remove them. Meanwhile much benefit might be obtained by the use of astringents, so as to harden the exterior and lessen their proneness to bleed. An alum lotion was ordered in the case under observation.—*Medical Times and Gazette*, May 23, 1857.

Lecture on Cancer Cures and Cancer Curers. By T. SPENCER WELLS, F. R. C. S.

Gentlemen: So much has been said lately about certain pretended cures of cancer, and so much interest has been excited by trials of a variety of caustics, with the hope that they might replace the knife in the removal of cancerous tumours, that I think you should be acquainted with the present state of the question. I shall, therefore, devote this lecture especially to an account of some of the persons who have been most notorious as "Cancer Curers," making a few remarks on the relative value of the knife and caustics in the treatment of cancer, and conclude by pointing out such means as may enable you in many cases to dispense with either one or the other.

The cases you now see are, I presume, chiefly in hospital practice, where you are not likely to meet with the "cancer curers." I may as well, therefore, give you one or two instances of the sort of cases you may meet with in private. In the year 1853 I was sent for to see a gentleman well known in the higher ranks of London society. He had a malignant tumour beneath the angle of the left jaw, and his case is so

excellent an example of the way in which people with cancer run about, first among the surgeons and then to the cancer curers, that I will relate it at some length. This gentleman first complained of a sore in the inside of the left cheek. He fancied he had bitten it. Then it was thought that a decayed tooth had caused it, and the tooth was extracted. Then caustic was used. Still it did not get well, and Mr. Fergusson was consulted. He excised the diseased part; a good deal of bleeding followed, and styptics were used freely. Some time after swelling came on beneath the jaw, and Mr. Lawrence was consulted. He said the disease was malignant, advised attention to the general health, and a course of sarsaparilla. Then I was called in. The skin at that time was on the point of giving way. I employed congelation by Dr. Arnott's process. This did some temporary good. It gave relief to pain, and I felt pretty sure that it retarded the growth of the tumour. However, the patient was not content with that, and Dr. Maresden was sent for. He advised a very generous diet. Soon after this the skin gave way, and carrot poultices were used. Then came the turn of the cancer curers. Dr. Pattison was sent for, and had sense enough to see that he could do nothing, but made the most of the case, of course, by saying that if he had been called in at first he should certainly have effected a cure. Then a German empiric was heard of who was doing wonders somewhere on the Rhine, and he was written to. He offered to come over for five hundred pounds, and ultimately an arrangement was made to give him three hundred. He came, saw, and conquered—not the disease, but the patient. He applied a very strong caustic one Monday; on the Tuesday it had destroyed the coats of a large artery, which gave way, and the patient bled to death in a very few minutes.

Every one who has seen much practice in town could tell such stories as these, but one I have heard Dr. Jenner relate is most striking. He was called one morning, seven or eight years ago, to see a lady who was said to have fainted. He found a lady dead in bed, and a cancer curer just about to reapply a dressing upon the breast of the dead woman. This person was so ignorant of medicine that he did not know she was dead; he was horror-struck when Dr. Jenner told him so, and had just before assured

the husband that his wife was going on well, and would soon be cured. The quack was not punished. The husband and friends were ashamed of having been duped, and they kept quiet.

Hume is not the first nor the only philosopher who has remarked how constantly mankind is deceived by the very same tricks played over and over again. "In spite of all warning, we see one generation after another, with their eyes wide open, walk into the same gulf of fraud, quackery, and imposture." This is especially true in relation to medicine. Large fortunes have been made by the sale of a single nostrum. Perkins sold thousands of his "tractors" at five guineas a pair. Measmer, and Deslon his pupil, magnetized many thousands of pounds into their pockets. The fortunes made by Mayersbach and Schweinfurth in London in the last century were splendid, and at the present day more than one empiric has the art of attracting crowds from every part of Europe, to some obscure German village. Some of these people may not do much absolute harm, but we are not without instances of victims to quackery in every class of life. Horace Walpole gives us a list of several distinguished sufferers. "Sir Robert Walpole," says Horace, "was killed by a lithotriptic medicine; Lord Bolingbroke by a man who pretended to cure him of cancer in the face; and Winington died some time after, by the ignorance of a quack who physicked and bled him to death in a few days for a slight rheumatism." There is no man now in large practice who could not add to this list some victim of the quackish follies of the day; and it becomes our duty to inquire why the public are so apt to think favourably of those who profess to possess secret remedies for diseases which are considered by regularly educated members of the medical profession to be incurable.

Now there are various reasons for the success of empirics; but the principal reason is, that in many cases where honest men give no hope, the quacks promise health and life; and the patients, like drowning men, catch at every twig and shadow. Then there is the love of novelty, and the benevolent desire to promote anything which promises to relieve pain or save life; and an English feeling of giving fair play to everybody, and not allowing any class of men to exercise a monopoly of the

healing art. Then self-love comes into play. People are apt to be led away by confident assertions; they espouse a scheme warmly, and say so much in its favour, that when the bubble bursts they find it difficult to confess their error. When the imposition is discovered, the partisan is ashamed of having been duped, and holds his tongue. Even those who have suffered both in health and pocket think it better, for the sake of their own reputation as sensible people, to keep quiet. Probably such reserve would be less frequent, if it were considered that others suffer from a perpetuation of the delusion, and the deceptions would be acknowledged as soon as discovered. This duty, however, is overlooked; for while actions for malpraxis are not unfrequent against medical men, it is rare to find an empiric arraigned. Yet the late Lord Gardestone took the trouble to inquire for a number of persons who had actually attested marvellous cures, and found that more than two-thirds of the number "died very shortly after they had been cured;" and I shall show you presently that we are not without similar results of equally marvellous cures in our own day. I think this should teach us all a lesson. We have chosen the profession of medicine. It is our duty, our business, to study how to cure disease; and we ought never to look upon any disease as incurable, never to give up any case as entirely hopeless; for "the extinction of hope is the extinction of endeavour." Let me impress upon you, then, the duty of looking upon diseases commonly considered incurable in a more hopeful spirit, regarding them only as incurable because our art is imperfect, and of searching diligently for a remedy which may remove the imperfection. We may thus keep hope alive, we may alleviate where we cannot cure, soothe where we cannot save; and even if the patients are not directly benefited, their indirect gain will be great if they be preserved from the snares of ignorant impostors.

There are some special reasons why, of all the different classes of empirics, the "cancer cures" should attract a large share of public attention. Cancer has been too generally treated and regarded by medical men as incurable, and the frequency of the return of the disease after the removal of a cancerous tumour by the knife is confessed by all honest men. Then there is the natural fear of the knife; and, on the

other hand, the bold assertions and confident promises of the cancer curer. These persons all tell the same story. They exaggerate the pain and danger attending excision; they endeavour to persuade the public, and even their patients, that the use of their caustics is not attended with much pain, and with no loss of blood. They call innocent tumours cancer. They conceal unsuccessful cases; so do those who are ashamed of having been imposed on; and medical men will not incur the charge of jealous rivalry by making them known. Lastly, they assert that, while relapse is the rule after excision, it is the exception after the removal by their caustics; and they have a theory, which looks plausible enough to the public, explaining why this should be: they say they remove the roots, which the knife does not.

This notion of the roots of cancers, leads me to say something about Plunket and Guy, cancer curers of the past century, who adopted it, just as it has been adopted by two American physicians, Dr. Patison and Dr. Fell, who have treated cancers by secret remedies in London for some years past. The notion is, that their applications not only destroy the tumour itself, but penetrate, by a sort of intelligent power, or elective affinity, in certain directions, corresponding exactly with these supposed roots of the cancer, eating away or drawing out those roots, without affecting the sound flesh into which they are ingrafted. On removing such tumours they show filaments of hardened cellular tissue, or portions of subjacent muscle, keeping up the connection; and on the tumours they preserve in bottles, they show similar prolongations, or shreds, hanging into the spirit in which the tumours are preserved. These are, in all probability, merely portions of the surrounding tissues which have been destroyed by the action of the caustic. Possibly these supposed roots may have given rise to the term "cancer," the crab holding firmly with its claws the prey it had grasped. However this may be, you can see at once how likely such reasoning is to affect the imagination of patients.

Plunket practised as a cancer curer in London, in the early part of last century. He is said to have known little or nothing of surgery in general, and to have practised from the traditionary directions of his namesake, formerly an empiric in Ireland, who left the receipt for his medicine, with direc-

tions for its use, to Stevens's Hospital. Guy, who was a member of the "Corporation of Surgeons," purchased the secret of Plunket about 1754, and in his account of the medicine says it had been known by the name of "Plunket's Poultice," and had been used by Plunket and his ancestors for more than a century. A controversy took place between Guy and Gataker, and in the *Lloyd's Evening Post*, March 5th, 1760, old Plunket gives his own receipt, as follows:—

1 Crow's-foot, which grows	} well pounded.
2 in low ground, one handful,	
3 Dog fennel, three sprigs,	} well pounded.
4 Crude brimstone, three middling thimbles full,	
5 White arsenic, the same quantity.	

All incorporated well in a mortar, then made into small balls, the size of nutmegs, and dried in the sun.

Sir Charles Blicke, with whom Abernethy served his apprenticeship, used Plunket's caustic very much in the treatment of cancerous sores, and his pupils used to be employed in gathering ranunculus and dog-fennel, and making them into the paste. It is curious to remark how imitative even great discoverers may be. The escharotic effects of arsenic had been known to the Greek and Roman physicians—they had not been forgotten in the Middle Ages. The mineral had been used for centuries in the removal of cancerous diseases. Plunket adds some crow's-foot and dog fennel to it, and becomes a great cancer curer in London. The chloride of zinc is proved to be an excellent caustic, by Hancke, Canquoin, Alexander Ure, and others. They even use it to remove malignant growths. Dr. Fell adds some *Sanguinaria canadensis* to it, and four gentlemen of the very highest character and professional position, expressing no disapproval of the use of a secret remedy, and without trial of the unaided powers of the vegetable, publish a certificate on Dr. Fell's "mode of treatment," complimenting it as "ingenious, safe, and easy of application."

It was Guy's caustic, or rather the Plunket's paste, that killed Lord Bolingbroke, and many others were poisoned by the local use of arsenic; yet this did not prevent Lord Arundel from buying the receipt of the wife of a blacksmith, so ignorant that she could not sign her name, but a noted cancer curer, named Elizabeth Fellow.

This was long known as Lord Arundel's Cancer Cure. It was an arsenical powder, and a wash of corrosive sublimate, and no doubt killed a great number of poor women. However, like Plunket's paste, a great many cancerous and other tumours were removed entire by it; and Mr. Justamond, who was surgeon to the Westminster Hospital some seventy or eighty years ago, tried them both very extensively, arriving at the conclusion that the advantage gained did not compensate for the risk incurred. It is curious to find how Mr. Justamond anticipated much that has been going on in London during the last three or four years by cancer curers, and it may be worth while to read you rather a long extract from a pamphlet he published in 1780, giving an account of his experiments.

After describing various methods he had used without success, he mentions a case in which he resolved to attempt extirpation by the arsenical caustic. "My patient was extremely timorous, and would by no means be persuaded to submit to the operation by the knife. She had a very hard, stubborn scirrhus in the right breast, just above the nipple, of the size of a small apple, and beyond this, a small indurated gland under the axilla. The arsenical preparation I used in this case was composed of one-third of antimony and two-thirds of white arsenic, fused together. This being reduced into impalpable powder, a few grains of it were mixed with as much powdered opium. But as the skin was entire, and as I knew the arsenic would not act through the cuticle, the day before this powder was applied I rubbed the whole surface of the gland gently with the lunar caustic. By this contrivance the cuticle was easily separated next day, when mixing a small quantity of the powder with part of the yolk of an egg, so as to bring it to the consistence of an ointment, I spread this upon a pledget, cut to the size of the gland, and applied it to the whole surface. The pain was very great for the first four-and-twenty hours, but after that subsided. I left this first dressing on for several days, when seeing it ready to drop off, I removed it, and found that all that part of the skin on which the caustic had been applied was cracking all round, and the tumour beginning to separate. In expectation of facilitating this separation, I made a few scarifications on the destroyed surface, and filled the crevices with more of the powder,

applying over it a pledget of the same kind as the former. But this second application did not, as I imagine, produce any effect, for it caused no pain. I then waited a few days to observe what would happen. The separation began to take place more evidently at the edges, which now looked florid, though the tumour did not yet seem ready to come away. To hasten this event, I judged it proper to put some of the powder all round the separating edges, and as low down as it could be insinuated between the diseased gland and the sound skin. I soon found that this contrivance had its effect, for the pain it occasioned was more violent than that produced by the first dressing. I was, however, obliged to repeat the application of the powder to different parts of the edges at intervals, but never in so large a quantity as before. By this method the separation of the tumour was effected in little more than two months, and the gland came out as entire as a nut out of a shell, or as if it had been cleanly dissected with a knife. The small gland under the armpit I had put nothing to, thinking it would dissolve by the suppuration of the larger one, but in this I was mistaken. It still remained, but this circumstance did not prevent the wound made by the separation of the larger gland from healing very fast after it had come out." Mr. Justamond says he saw this patient a year and a half afterwards in perfect health. He explains the separation of the diseased gland from the surrounding parts by the action of the arsenic on the sound skin when deprived of its cuticle, "bringing on inflammation and suppuration in the cellular membrane all around and underneath the diseased gland, which is thus forced out entire, and unaffected by the caustic;" and he adds, that if any one wishes to separate the whole gland at once, "he must extend the application all over the indurated part, after having deprived the surrounding skin of its cuticle, either by a blister, or by the method made use of by me in the above instance, which I think preferable, as being less irritating. Perhaps it may hereafter be found only necessary to make a circle round the whole tumour for the application of the arsenical caustic."

So you see the modern cancer curers have not taught us anything new. They have not taught us how to remove cancer by caustics. They have not taught us to

discard arsenic. We had done that long ago, except in those cases of small superficial malignant ulceration, in which, in a dilute form, it is still the best remedy known. They have not given us any new caustic, and it remains to be seen whether they can show that their caustics, as prepared and used by themselves, have any advantage over the knife. To settle this question we cannot do better than examine the results of the cases of Landolfi, Pattison, and Fell, as recorded by themselves.

Landolfi, a Neapolitan physician, may be looked upon as the prince of the cancer curers. He has been decorated with orders of knighthood by sovereign princes, has been alternately flattered and abused, and has made an immense fortune. He made no secret of his plan. "Landolfi's paste," as his caustic was called, was composed of equal parts of the chlorides of zinc, bromine, gold, and antimony, made into a paste with flour or liquorice powder. Sometimes he used the chloride of bromine alone, using it both externally and internally; and when the slough had been formed, he used lettuce poultices till it separated. There can be no doubt that Landolfi removed an immense number of cancerous tumours by his paste in Italy, Germany, and France, and that healthy granulations sprang up, and firm cicatrices very often resulted. He used to assert that out of four thousand cases of cancer he had treated, the disease had not recurred in three thousand. This is what he said. He never offered anything like *proof* of the truth of this statement; and when his caustic was tried in the hospitals of Vienna and Paris, the conclusions arrived at were that it was decidedly inferior to the chloride of zinc. Landolfi went himself to Paris, and a number of patients were treated by him in the Salpêtrière, under the inspection of a committee of hospital surgeons. Their report was published, and my colleague, Dr. Deville, has just favoured me with a copy. The conclusions are, that the chloride of bromine, which is the only peculiarity in Landolfi's treatment, is quite useless as an internal remedy; and that locally it only acts as a blister, raising the epidermis, and exposing the denuded part to the action of the chlorides of zinc and antimony; acting, you observe, just as the ranunculus did in Plunket's paste, the nitrate of silver as used by Justamond, or like any common blister. The committee reported that the pain pro-

duced by this caustic was excessive, and that it did not secure the patients from the danger of erysipelas or hemorrhage. Landolfi does not appear to have been more successful in Germany than in France. In November, 1853, he was called to the reigning Duchess of Anhalt-Cöthen to remove a cancer of the breast. In January, 1854, Dr. Brunn, a member of the Superior Medical Council of the Duchy, published a pamphlet on Landolfi and his method, in which he announced his success as complete; yet on the 13th of July, 1855, the Duchess died of a return of the cancer of which Landolfi had cured her. Other cases treated at Cöthen and Munich died or relapsed. He treated Dr. Seyfert at Dresden, and he died. He treated a Prince of Prussia, and was decorated with the order of the Red Eagle; but here again *cure* meant *cicatrizatio*; for I have been assured that the disease was canceroid of the face, and that it has returned. Dr. Valentini, of Berlin, tried the method in forty-three cases, and published an article in July, 1854, in his favour, but in July, 1855, only one year later, he wrote to say that it had entirely disappointed him. So at Vienna, in October, 1854, Dr. Weinberger published reports of thirty-three cases treated before him by Landolfi. One of the cases reported as cured relapsed while Dr. Weinberger was correcting his proof; and ten months later he wrote, that in cases of medullary cancer the disease "always returned, even before the cicatrization of the wound," and that the internal use of the chloride of bromine had no influence whatever in preventing relapse. Landolfi, by ministerial authority, selected six cases himself at the Vienna Hospital, and treated them under the observation of a committee, yet he only cured one, and that was an innocent tumour, a partial hypertrophy of the mamma, for which he destroyed the whole breast quite unnecessarily, and produced a large, unsound cicatrix. He wrote to the French commission to say that the effects of the application of his caustic in France were in all respects similar to those he had obtained in Germany and Italy; and so we find them. Of nine cases of cancer of the breast treated by Landolfi himself at the Salpêtrière two died; in four the disease was aggravated; and in the three in which cicatrization took place, the disease reappeared. Not one of the nine was cured. He treated three cases of canceroid, and

cured one. In a second the disease reappeared after cicatrization, and in the third it was much aggravated. So much for the three thousand cures of four thousand cases. Well may the French committee add that Landolfi's method "adds another to the illusions that 'so abound' in the history of cancer."

Dr. Pattison, as you may be aware, some three, four, or five years ago, occupied much the same position in London that Dr. Fell does now. Both are physicians with American diplomas, who have professed to cure cancer by secret remedies, who have treated a great many patients, and have published accounts of their treatment. The difference between them is, that Dr. Fell has at length made known the composition of the remedies he employs, while Dr. Pattison has not; although it is pretty generally believed, and not without ground, that the essential part of his preparations was the dried sulphate of zinc, which Dr. Simpson showed in the *Medical Times and Gazette* a few months ago was a most useful caustic. Dr. Pattison has not been heard of so much since the arrival of Dr. Fell. Indeed the disappearance of one and the advent of the other are supposed not to have been altogether without concert. Where Dr. Pattison may be now, I cannot say, but his publications remain; and I can tell you something about some of the cases he has treated. A report of one of these used to appear in the form of a declaration sworn before the provost of Glasgow, that the patient was cured by Dr. Pattison, after having been regarded by Mr. Syme, of Edinburgh, as hopeless. Mr. Syme informs me that the patient was a small farmer, who had a sore at the corner of the nose. Mr. Syme applied the chloride of zinc to it, but the man went to Dr. Pattison, and so far from having been cured by him, "died in great misery after several journeys to London." Mr. Syme informs me that a case of cancer of the breast which had returned after operation, and which Dr. Pattison boasted he had cured, is not cured, but that the lady is dying; and that another lady, upon whom Mr. Syme declined to operate for cancer of the tongue, died under Dr. Pattison's care. These are cases which the public never hear of, but which really ought to be made known. In 1855 a book appeared, entitled "Cancer; its true Nature, Treatment, and Cure. Illustrated by

Cases. By John Pattison, M.D., 31 Lower Grosvenor Street.—Most of these cases are given so indefinitely, as, "Mrs. H., from Essex," "Mrs. J., aged 54," "Miss —, aged 27," "Mrs. A., of Hammer-smith," "D. C., from Scotland," and so on, that it is impossible to find out how far the cures related are correct; but there is a clue to some of the cases, particularly to those treated at Glasgow; and I wrote to Dr. Macleod, a most able surgeon of Glasgow, to ask him to make inquiries about them. Here is his reply:—
 "The following is the result of the cases treated by Dr. Pattison in this neighbourhood, of which I have been able to find out the particulars:—
 "1. David Wilson, nursery gardener, &c.—This was a case of cutaneous cancer of the cheek, the sore being about the size of a sixpence. Dr. Laurie applied the actual cautery twice; after which it healed for a short time, and again broke out. Pattison treated him, in 1859, for six weeks, during most of which time he was put to great agony, the caustic being applied, at one time, continuously for eight days. He was pressed to submit to it, in order to see whether a caustic which had been so successful in America, would act in the same way in this country. The sore healed up after this, and has remained well till lately, when the old lancing-pain has returned, the hardness (which had never left it) has increased, and the inner end of the cicatrix has begun again to ulcerate. The man himself says he is sure he is going to have a return of his disease, and acknowledges that 'the cure' has entirely failed."
 "2. Miss M., of 38 Parson Street.—It is eight years since she first observed a small pimple on her right cheek, which remained long small and painless. It was hard, but quite superficial. About two years after its first appearance, it broke and wept. It was many times healed by Dr. Ritchie, by simple means. Having again appeared, she put herself, four years ago, under Dr. Pattison's care. It was then 'no larger than a herring-scale, and felt, when she bent down, as if it would drop out.' Dr. Laurie had seen her just before this, and had told her to have two decayed teeth drawn. This she did, but hearing immediately afterwards of Dr. Pattison, she did not wait to see the result of Dr. Laurie's recommendation; but put herself at once

under the charge of Dr. P., who told her it was lupus. The sore had all along remained quite small and superficial—had not spread, and caused hardly any uneasiness. She was in London, under Dr. P., for seven weeks, and was apparently cured. Caustics were very frequently applied, and she was told that 'a very large bad lump had been taken away.' She came down to Glasgow, and in fifteen months afterwards she was as bad as ever. She returned to London, and was seventeen weeks under Pattison, who 'again took away a great mass of disease.' The sore caused by the caustic healed, and there has, up to this time, been no return. The cicatrix on the right cheek is as large as a florin, white and sunk. There is no hardness, or any breach of surface. Dr. Ritchie says that the sore was 'suspicious' when under his care, but he would not have pronounced it 'malignant.' It was very superficial; and the description given by the girl herself, that it was a 'weeping pimple,' seems the best which could be given of it.

"3. Mr. Lauder, foreman in a manufactory here, I can hear nothing of."

"4. Mr. C., auctioneer, was a case similar to that of David Wilson. He was twice operated on by Dr. Laurie, and on the reappearance of the disease, fearing another operation, he went to Pattison. He was twice under this gentleman's care, once in 1853 for three weeks, and again in 1855 for two months. The disease, which was very limited, in a great measure though never completely disappeared after his first visit to London, but in a few months after it again came back worse than ever. He was at that time put to so much pain, that 'he thought he would have died.' In 1855 he was again treated by Pattison; the disease knew no amendment, and it is now spreading, though slowly, and he is about to submit himself to more legitimate interference. This patient has dissuaded many others from going to Pattison."

"5. Miss P., of Glasgow, had been three times operated on with the knife. Had the disease—a cancer of the breast—temporarily removed by Pattison in 1853. It returned in the spring of 1856, and has been now eight months under Pattison's treatment, where she still remains, 'daily getting worse,' (so say her friends).

"6. A sister of this lady's lately died under Pattison's care; but from what I can learn, she was in so advanced a stage of

cancer of the tongue when he saw her that her death by no proceeding could have been long delayed.

"7. Mr. R., lupus of the nose, said to have been treated by Mr. Lyon, of Glasgow. Mr. Lyon knows nothing of this case, nor can I hear anything of it.

"8. Mrs. W.—'Ulcer of the leg, of five years' standing; attended by Dr. Gairdner, of Glasgow, cured by Pattison.'

"This was a common varicose ulcer of the leg, for which Dr. Gairdner could not persuade the patient to lie up for a day. She put herself under Pattison for some months, in London, and followed all his instructions, of which rest was the chief. She came home well, and remained so for a time. The ulcer again appeared when she became pregnant, and it is again nearly as bad as when she was under Pattison."

"I am sure, gentlemen, I need not trouble you more with Dr. Pattison's cures. I have made inquiries myself about others, and I have only found one in which the cure was permanent, and that was a case of a small superficial sore on the face, possibly malignant, possibly not.

"I do not mean to say much about Dr. Fell. His position is somewhat peculiar; for though he used a secret remedy, he was very open in exhibiting its effects to medical men, and he has lately made known its composition, in compliance with an agreement entered into with the surgeons of the Middlesex Hospital, in a book he has recently published. In his preface he talks of the 'gratitude of a multitude of cured patients;' but, as the treatment of the earliest case he has recorded as treated in England was commenced July, 1855, and the lady died with pulmonary complication in the following April, and the other cases are of much later date, it is obviously absurd to talk of cures, when only a few months have elapsed after cicatrization. I know of cases in which the disease has returned after removal by Dr. Fell himself, and that in a much shorter period than two years; and, looking upon the essential part of his treatment to be the local use of chloride of zinc, it appears to be most unlikely that the results will differ from those obtained by Canquoin and others by the use of the same caustic. The report of the surgeons of the Middlesex Hospital was drawn up within two months after the treatment was commenced there. I may tell you that Dr. Fell

has not published all his formulae in his book. At the Middlesex Hospital he uses an ointment containing snuff and acetate of copper, and another made by boiling stramonium leaves in lard; but the chloride of zinc is the caustic by which the tumour is destroyed; the sanguinaria and cochineal added to it are probably of nearly equal efficacy, and the after-dressings of comparatively little importance.

All this leads to the very important question of the relative advantages of the knife and caustics in the treatment of cancer. The advocates of caustics say that when the morbid growth is removed by the knife, if it be really cancer, there is almost certain to be a recurrence of the disease within two years, either in the cicatrix or in some other part of the body; that the disease makes more rapid progress than when the patient is left alone, and therefore that he is in a worse position than before. They say, further, that it is often impossible to remove every particle of diseased tissue with the knife; and that the operation itself is sometimes fatal, either immediately from shock, or indirectly from pyæmia or exhaustion.

On the other hand, the opponents of caustics say, that no caustic can do more than the knife towards removing the cancerous diathesis. They admit that the morbid local growth can be removed, but they assert that the patient is not in a better position, frequently in a worse position, than if the knife had been used. Under the influence of chloroform, the tumour may be removed in a few moments without suffering to the patient, and every portion of diseased tissue can be removed if proper care be taken; while the action of caustic is very slow, often excessively painful, and is sometimes apt to extend beyond the diseased to the healthy surrounding structures. They add, that during the operation of the caustic the patient is not free from the danger of hemorrhage, erysipelas, or pyæmia, and that the general health is very apt to suffer from the long-continued pain and local irritation.

Now I am disposed to look upon all these arguments as quite secondary to the great question, which mode of removing the tumour is most likely to be followed by relapse. The advantages and disadvantages of the two methods are pretty equally balanced in other respects; and I apprehend we shall find them, even in this respect, also pretty equal. Statistics collected with

a good deal of care show that about eight cases out of every ten operated on by the knife return within two years. Dr. Fell says that only three out of ten treated by him return within the same period. One good effect of the trial given to his treatment at the Middlesex Hospital will be that the truth of this statement will be tested. At present you must take it for what it is worth. Landolfi said something of the same kind, yet I have given you the results he obtained at the Salpêtrière. Pattison harped on the same string, and I have shown you how far he succeeded in preventing relapse. As to Plunket and Guy, and those who used arsenic, I need only remind you of the fact that their remedies have fallen into disuse, although they were employed long enough to establish their reputation all over the world, had they really possessed the powers attributed to them of curing cancer.

But you may say this is not a cheering prospect. If neither the knife nor caustics are to be trusted in—if the chances are five to one in favour of a return of the disease, or a reappearance in some other part of the body within two years after we remove a cancerous tumour from any part of the body by either of these methods—if surgeons and cancer curers are equally unsuccessful—what are we to do?

In attempting to reply to this, let me give you the rule at which I believe our best and most experienced surgeons have arrived as to the use of the knife. It is, not to use it in the early stages of cancer, not to use it unless the cancer is actually ulcerated, or growing so fast that the skin is about to give way. In such cases, especially where an open cancer gives great pain, and is wearing away the patient by bleeding or profuse fetid discharge, the knife is used in the hope of relieving suffering, and prolonging, not saving life. In some other cases, where a cancer causes great mental anxiety to a patient, you may remove it at her earnest entreaty, after explaining fairly the danger of relapse. I should speak here of the knife and caustics in the same terms, as in many cases it will not much signify which you select. In some cases, where the situation of the growth is such that the knife cannot be used safely, caustics are decidedly preferable. In others, again, where time is a great object, you would use the knife. It is sometimes a good rule to leave the choice to the patient, representing fairly the advan-

tages and disadvantages of the two methods. If you decide upon using caustic, I think all the evidence before us goes to prove the chloride of zinc to be the most effectual and safest yet employed; that it is a matter of great indifference whether it is employed as a paste or in solution; but that its action is considerably hastened by scoring through the slough, as Justamond did, down to the living tissues beneath, so that they are not protected by the slough from the action of the caustic. This scoring is not so necessary when the chloride is used in solution as when it is used as paste, after destroying the skin by nitric acid; and it is not at all necessary, if you use a pair of galvanic plates as your caustic. If you place a piece of zinc on any raw surface, and a piece of silver near it, connecting the two by a silver wire, the part covered by the zinc is destroyed very rapidly, and the slough formed is a very soft one, which is easily sponged away. I saw a case of cancer of the breast in a lady in 1854, with Dr. Lawrence, of Connaught Square, in which we decided, on consultation, to adopt this method, and Dr. Lawrence carried it out most effectually. I should not be at all surprised to hear that the next great empiric who appears in London will profess to cure cancer by galvanism.

Looking, therefore, upon both the knife and caustics only as the means of removing cancerous growths under certain exceptional conditions, what are we to do in the early non-ulcerated stages of cancer? This opens a very wide subject, which it is quite impossible to treat in a single lecture; but I must point out to you that we can do a great deal more towards arresting, even curing cancer, than is generally believed—that our art is not nearly so powerless as charlatans assert. Growths, with all the characters of cancer, have occasionally disappeared under the influence of remedies; others have remained completely dormant for many years, without affecting the health or shortening the life of the individual; and it is absurd to say that the disease was not cancerous in such cases because the patient recovered, or lived to old age unaffected by the local condition.

In the first place, in the treatment of cancer, the hygienic measures I have often spoken of as so necessary in the treatment of all chronic diseases, are of paramount importance. Plenty of good, wholesome food, a well drained, well-ventilated house,

pure country air, extreme cleanliness of person and clothing, sufficient exercise, clothing which exerts no injurious pressure on the diseased part, with mental occupation and amusement; will do a great deal towards the formation of healthy blood, the deposit of healthy tissues from it, and the removal of effete matter or formations of a low aplastic character. Ordinary medical treatment, cautiously adopted, may assist the hygienic treatment very materially. Deficient action of skin, kidneys, or digestive organs may be corrected. Alkalies given with or after meals often relieve a kind of digestive derangement common to cancerous patients. Hence the use of Vichy water and carbonate of soda. Pain may be alleviated by opiates or hemlock. Some of the preparations of iron often act admirably in improving the general health. Well-marked cancerous tumours have diminished in size and become quite dormant under the use of iodine in combination with iron; and the iodide of arsenic, in doses of one-sixteenth to one-twelfth of a grain twice a day, has been used with excellent effect since it was first recommended by Dr. A. T. Thompson and Dr. Walshe. The remedy, however, which I have found most useful, is the bromide of potassium with cod-liver oil. Given in doses of five to ten grains of the bromide, with one, two, or three drachms of the oil three times a day, the effect upon the local tumour and the general health is really remarkable. The pain very speedily diminishes. There is first a cessation of the growth of the tumour, and then a process of shrinking goes on, while adherence to the surrounding parts is lessened, and a tumour which was firmly united to the surrounding parts becomes movable, detached as it were, and is felt like a hard, movable, senseless ball beneath the skin. The last cure for cancer advertised in London is the inhalation of oxygen; and a Dr. Birch has published a pamphlet about it in connection with an apparatus sold by a firm in Regent Street. This, if it is not likely to do much good, can hardly do harm.

As to external remedies which may be looked on as curative, all attempts to affect the nutrition of the part by the application of leeches, or ligature of nutrient arteries, must be abandoned as useless. Friction, percussion, and palpation, so much used of late by certain rubbers of Edinburgh and

Brighton, with the hope of procuring absorption, are complete failures. Electricity and galvanism have been tried, but the results do not say much for their efficacy. The local means which really have some good effect in cancerous tumours are preparations of lead, iodine, and bromine. Lead in the form of plaster or embrocation is a most soothing application. I have seen it used very largely at the Cancer Hospital in both forms and with very excellent results. The embrocation in common use there, consisting of equal parts of the liquor plumbi, almond oil, diluted acetic acid and water, is a really useful application, allaying pain, and apparently hastening the absorption of the tissues around the tumour, indurated by inflammatory infiltration. Frictions of solutions of iodide of lead or iodide of potassium in glycerine without producing any irritation of the skin, appear to be active promoters of absorption. The iodide of lead was recommended long ago by Dr. Walshe, and is much used now by Dr. Fell. The solution of bromide of potassium in glycerine appears to be even more efficacious, but on this point I do not like to speak confidently without more extended experience.

Dr. Arnott's freezing process is really of great service. I have shown you how to apply this on a former occasion, so that I need only say now that it is a remedy of very great value in the treatment of cancer, that it allays pain, checks growth, and has reduced many large adherent tumours to a small, movable, indolent condition.

Then mechanical treatment is often very useful in non-ulcerated cancer. It has long been believed that the nutrition of any part of the body might be lowered, and absorption of any product of disease promoted, by methodical compression. Bayle first recorded twelve cases of cancer as cured by compression, out of nineteen. It was tried at the Middlesex Hospital, and Sir Charles Bell reported favourably upon it so far as to the power of alleviating pain. Mr. Traverser has known tumours "gradually reduced, and at length absorbed, by equal and persevering compression." Recamier, out of 100 cases, reported 30 as cured by compression alone, and 21 considerably relieved. Bayle, as the result of 127 cases, gives 71 cured, 26 improved, and 30 failures. Some of these cases were probably not truly cancerous, but others undoubtedly were, and in some the stage of ulceration had commenced.

From what I have seen myself I can quite believe that these statements of the good effects of compression are not exaggerated. But it must be properly applied. The plan of bandaging the mamma and shoulder is very objectionable, as it interferes with the free motions of the arm and chest, so necessary to the general well-being of the patient. As a means of producing equal constant pressure, exact in degree and easily moderated or increased, nothing equals the air-truss invented by Dr. Neil Arnott. An air cushion, supported by a shield, is adapted to the diseased part, while a spring supported by a belt is arranged to act on the cushion in such a manner that any desirable amount of pressure can be kept up without interfering in the least with the free motions of the chest. Applied at first so as merely to support the part, and then to exercise gradually increasing pressure upon it, the results are very remarkable. The pain very soon ceases, the swelling in the surrounding parts diminishes and disappears, the large tumour splits up into several smaller divisions, and in some cases entirely disappears, not a trace of any tumour or induration remaining, while in other cases the remaining swelling is quite passive, painless, and innocuous. I saw a lady a few weeks ago with a small tumour like a walnut in her breast, quite harmless, and not causing the least anxiety, which I saw nine years ago under this compression treatment, and it was then to all appearance a large cancerous tumour, on the point of ulcerating. I have not the least doubt that if the tumour in that case had been removed, either by the knife or by caustic, the patient would have been dead seven or eight years ago.

When ulceration has taken place, there are a number of local applications which are of great use. Supposing you have decided not to use either the knife or caustics, your object is to allay pain, arrest bleeding, destroy the fetor of the discharge, until spontaneous separation of the cancer takes place, and then to promote healthy granulation and cicatrization. In some cases of open cancer Dr. Arnott's freezing process acts admirably. It may cause pain for a few minutes, but it gives great alleviation for several days afterwards, and sometimes it destroys a large portion of a morbid growth as effectually as any caustic. This occurred in a case I saw lately with Dr. Brinton. The case was a most unpromising one, in a lady from the

country. One breast had been removed, the disease had recurred in the cicatrix, and the subjacent costal cartilages were implicated. There was a large, flabby, convex growth, which we agreed to congeal. This was done by a most intelligent practitioner in the country, and I hear from him that three-fourths of this growth were destroyed, leaving a small, concave, granulating sore. If you adopt this plan, you must protect the raw surface from the irritant action of the salt by a piece of goldbeater's skin.

The bleeding which takes place from the surface of an ulcerated cancer can always be checked by the perchloride of iron. I always keep this by me, as it is prepared in Paris at the 'specific gravity 45° Baume. A piece of lint, wet with this solution, will instantly stop any ordinary bleeding; but at this strength, or even at 30°, it acts as a caustic, so that, except in cases of very free bleeding, it should be kept at hand of the strength of 15°, so that the patient or her nurse may apply it. The strength of 30° is that usually employed to coagulate the blood in *nævi* and varices, and I now show you the remains of a cancerous tumour which has been acted on by this solution. See how friable it is, like dry, rotten leather. About five months ago I injected some of this solution into an encephaloid tumour growing from the ileum. It was then as large as my fist, and growing rapidly. I injected it by four punctures, and the result was immediate hardening and subsequent shrinking. I saw the man a few days ago, walking about in very fair health. I do not wish to say much more about him at present, than that I feel certain his life has been prolonged. I am making other trials with the perchloride of iron, and Dr. Marsden has begun to use it at the Cancer Hospital, but I do not wish to recommend it further now, than as a means of stopping bleeding.

Dr. Marsden thinks very highly of carrot poultices. Their application is rather painful, but they certainly arrest fetor, and seem to hasten the separation of the diseased part. They are said to have been introduced into use in 1766 by Sultzer, and they have certainly maintained their reputation longer than most of the remedies for cancer.

If, after a cancerous tumour has separated, you have an indolent, granulating surface covered with an unhealthy, fetid discharge, a lotion of chlorate of potash is often very useful, of the strength of five to ten grains

to the ounce of water. Mr. Weedon Cooke adds a little hydrochloric acid to this, and he believes with advantage.

In any of the stages of ulcerated cancer, when there is much pain, you may use some sedative ointment spread on cotton wool. A little morphia with lard answers as well as anything, but if you like to try other sedatives there is no objection to stramonium or tobacco ointment, or hemlock or lettuce poultices. However, you will generally find pain allayed more effectually by opium given internally than by any local application, and of all the preparations of opium I think the one which can be continued for the longest time, and causes the least derangement to the stomach, is the solution of bimeconate of morphia, as prepared by Mr. Squire.

In cases of canceroid of the neck of the uterus, the epithelioma uteri, a disease very often seen at the Samaritan Hospital, Dr. Simpson's paste of dried sulphate of zinc and glycerine answers admirably. You may apply it freely without any danger of injuring any part of the vagina protected by its epithelium, and it completely destroys the morbid growth. Here is a specimen of the hard, white slough it produces. I have seen the diseased part come away entire, like the shell of a walnut from the nut, leaving a healthy granulating surface below, which has cicatrized very rapidly; and I feel certain that in all cases of malignant growths about the female genital organs, we shall find the sulphate of zinc a most safe and effectual mode of destroying them.

This, gentlemen, is necessarily a very imperfect sketch of a most important subject, and in conclusion I can only urge upon you the necessity, while you are doing all that you can to prolong the life and alleviate the distress of your patients with cancer, of never giving up the hope of discovering a cure. We have found a specific for ague, we have found a specific for itch, we can certainly cure some forms of syphilis by iodide of potassium, and others by mercury, we can prevent smallpox by vaccination. Let us hope that the day may come when we shall possess equal power over those mysterious aberrations in the processes of nutrition and decay which lead to the deposit or formations known as tubercle and cancer. But should this hope prove fallacious, or be regarded as Utopian, I must maintain that, even with our present know-

ledge, we have no reason to fear a comparison between what we can do by fair and open means, and what can be really done, or has ever been done, by any cancer curer or any secret remedy.—*Med. Times and Gaz.*, July 11, 1857.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Proceedings of the Philadelphia College of Physicians in regard to the election of Dr. McClintock.

"At a meeting of the College of Physicians of Philadelphia, held July 1, 1857, the following preamble and resolutions were unanimously adopted:—

"Whereas, The Board of Guardians of the Poor have at their meeting of the 8th of June last elected to the office of Chief Resident Physician of the Philadelphia Hospital, Blockley, Dr. James McClintock, whose name has been stricken from the roll of the American Medical Association at its annual session held in the city of Detroit, in May, 1856, in consequence of his having abandoned the ranks of the profession, and assumed the degrading position of a manufacturer and vender of empirical and secret medicines; therefore be it

"Resolved, That the selection of the said individual to fill the important and honorable office above referred to, made in the face of the verdict of the Association, a verdict by virtue of which he is no longer recognized as a member of the Medical profession, is indignantly pronounced to be a gross and gratuitous outrage upon the feelings of every member of that profession, not only in this city but in the country at large; and as such meets with the unqualified disapprobation of the College of Physicians.

"Resolved, That the College takes this early opportunity of tendering its cordial and entire approbation of the course pursued by such of the Assistant Resident Physicians of the Institution mentioned above, namely, Drs. C. P. Tutl of Virginia, J. H. Berrien of Georgia, J. Cumiskey of Philadelphia, Thomas Marshall of Virginia, X. X. Kaupie of Missouri, and J. S. Coleman of Georgia, as have, at the sacrifice of most valuable opportunities of Clinical instruction, promptly and unhesitatingly

resigned the position they therein held, sooner than serve under a chief, outlawed by the highest medical tribunal of the land, and with whom no physician, alive to a self-respect, and having at heart the honor and dignity of his calling, can professionally associate. In doing so, the College further tenders to those gentlemen the assurance that, by thus acting, they have evinced a moral courage and an appreciation of the high obligations imposed upon them by the noble mission upon which they have recently entered, worthy of all praise, and have thereby raised themselves in the estimation of every honourable member of the medical profession.

Resolved, That the College has heard with unfeigned satisfaction, that the entire professional corps attached to the institution alluded to, have for the same reason, and to repel the insult offered to them by the recent action of the Board of Guardians, resigned their respective posts.

Resolved, That in the opinion of the College, none of its members can justifiably accept office under, or hold professional intercourse with the individual referred to in the above resolution, whether in the institution so improperly placed under his control, or elsewhere, and that by following a different course, such members would become amenable to the censure of the College, and expose themselves to the penalties which the individual himself would have incurred had he been a member thereof.

Resolved, That the College would learn with deep regret, and a feeling of shame, that any of its members had promoted directly or indirectly, either by letter or otherwise, the election to a post of honour and emolument, such as that of Physician in Chief of the largest Hospital in the State, of an individual who for the very grave of fence referred to in the preamble, has been cast from the folds of the profession, and cannot re-enter without a formal reversal of the verdict under the effect of which he now labours; and that the said College would think itself obliged, did an event of the kind alluded to occur, to apply to the one guilty of so palpable an infraction of the code of ethics by which its members are governed, the penalties imposed on the abettors of quackery.

Resolved, That the College would learn with equal disapprobation, that any of its

members have recommended to others to take or retain office in an Institution whose Chief Physician, like the present incumbent in the Blockley Hospital, no longer holds an honourable position (if any) in the Medical Profession."

Extract from the Proceedings of the Philadelphia County Medical Society in regard to the Election of Dr. McClintock.

The Philadelphia County Medical Society, at their meeting on the 3d of July, adopted the following resolutions:—

"Believing that it fully expresses the sentiments and opinions, not only of its own members, but of the medical profession throughout the United States, the Philadelphia County Medical Society hereby adopt unanimously the following resolutions:—

Resolved, That the Philadelphia County Medical Society offers its cordial congratulations and assurances of continued interest in the future welfare of the six gentlemen, viz: Drs. Tutt, of Virginia; J. H. Berrien, of Georgia; J. Cummiskey, of Philadelphia; Thomas Marshall, of Virginia; X. X. Xaupie, of Missouri; and J. S. Coleman, of Georgia, who, at a great sacrifice of advantages of acquiring clinical experience, resigned at once as Assistant Resident Physicians of the Blockley Hospital, rather than be exposed to professional intercourse with the obnoxious Chief Resident who has just been appointed.

Resolved, That any countenance which has been given by any member or members of the medical profession in the way of verbal or written recommendations of the individual who is now Chief Resident Physician of the Blockley Hospital, and an expelled member of the National Medical Association, renders them amenable to censure for a breach of medical ethics, and deserving the same penalty which has been incurred by this person, with whom they may be said virtually to be in league.

Resolved, That the prompt resignation of the gentlemen who composed the consulting Medical, surgical and obstetrical staff of the Blockley Hospital, in order to avoid the stain of official association with the Chief Resident Physician, was in accordance with their well-known principles and practice, and meets with the entire approbation of this Society.

"Resolved, That this Society cannot but deprecate the very idea of any of its members holding office under or with the present Chief Physician of the Blockley Almshouse, and can only regard such an act as a voluntary loss of membership; and in the case of a physician who is not now a member, as an absolute disqualification for his becoming so."

Appointments, Promotions, and Resignations in the Medical Staff of the U. S. Army. *Appointments.*—Chas. T. Alexander, of Arkansas; B. A. Clemens, of New York; and Lewis Taylor, of Pennsylvania, to be Assistant Surgeons.

Promotions.—Passed Assistant Surgeons Thos. C. Madison and Jos. K. Barnes to be Surgeons.

Resignations.—Assistant Surgeons Arch. Taylor, Geo. Suchley, and De Witt C. Peters.

Boyleston Medical Prize Questions.—The prizes for the present year have been awarded to Dr. Wm. W. Morland, of Boston, for a dissertation on "The Pathology and Treatment of Diseases of the Urinary Organs; and to Dr. Ephraim Catter, of Woburn, for a dissertation on the question, "Under what circumstances do the usual signs furnished by Auscultation and Percussion prove fallacious?"

Rush Medical College.—Dr. JOHN EVANS, Prof. of Obstetrics, Dr. W. B. HERRICK, Prof. of Phys. and Path., and Dr. H. A. JOHNSON, Prof. of Mat. Med. and Med. Jurisprudence, have resigned. Their places have been filled by the election of Dr. W. H. BYROR, of Evansville, Ind., to the chair of Obstetrics, of Dr. H. A. JOHNSON to the chair of Physiology and Pathology, and of Dr. JOHN H. RAUCH, of Burlington, Iowa, to the chair of Mat. Med. and Med. Jurisprudence.

Dr. Brown-Sequard.—We learn with pleasure that the Royal Society has awarded the Queen's Prize of five hundred dollars, from the fund appropriated annually for the encouragement of scientific researches, to Dr. Edward Brown-Sequard.

Cabinet of Materia Medica Specimens.—We are requested to announce that the

cabinet of specimens used by Prof. Huston, late of Jefferson Medical College, to illustrate his course on materia medica, is offered for sale by Mr. Parrish, 800 Arch Street.

This collection is said to be well selected and complete, while the size of the specimens adapts them to class illustration. We should think them worthy the attention of teachers and others.

FOREIGN INTELLIGENCE.

Death from Amylene.—There has been another death from the new anæsthetic, amyleno. It occurred on Thursday last, at St. George's Hospital. Dr. Snow administered the agent. The patient was a man who had a fatty or some other benign tumour on the back, and it was in consequence of the operation about to be undertaken for its removal that the anæsthetic was administered. We are not yet informed what condition of the organs of circulation and respiration were discovered at the autopsy. This is now the second death from amyleno. —*Lancet*, Aug. 8, 1857.

Excision of the entire Scapula has been performed lately, with success, by Dr. CRAWFORD, of Ayr. Very little blood was lost. The patient was under the influence of chloroform for fifty-five minutes. —*Med. Times and Gaz.*, Aug. 8, 1847.

Masking the Taste of Cod-liver Oil.—M. LEFERDRIEL recommends the addition of 10 per cent. of common salt as the best means of masking the taste, not only of cod-liver oil, but various other kinds of fish oil. The salt may not only conceal the taste of, but add to the digestibility of the oil. Essence of aniseed further masks the oil, but for most persons the salt suffices. —*Ibid.*, from *Rev. Méd.*, May.

OBITUARY RECORD.—Died, in Paris, on the 20th of June last, M. TERNARD, aged eighty years, one of the most illustrious men of science of his time.

— at Paris, on the 30th of June, ALCIDE D'ORBIGNY, Professor of Palæontology at the Museum d'Histoire Naturelle de Paris, after a long and painful illness.